Rev. 06/95

Docket Number: DH0018WOPCT

DECLARATION and POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:							
My residence, post office address and citizenship are as stated below next to my name.							
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
LIGHT GUIDE AND APPARATUS FOR USING LIGHT GUIDES							
the specification of which is attached hereto unless the following box is checked:							
was filed on 21 March 2005 as U.S. Application No				or PCT International Application No. PCT/US05/09599			
and was amended on (if applicable).							
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is known to me to be material to patentability as defined in 37 CFR § 1.56.							
I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or							
§ 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed.							
Application			Fi	ling Date	Priority Claimed (Yes /	No)	
					片	片	
					一	H I	
I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States Provisional Application(s) listed below.							
U.S. Provisional Application No. U.S. Filing Date 60/555664 23 March 2004							
60/555664 60/575281				28 May 2004			
20 Way 2004							
I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or § 365(c) of any PCT International Application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT International Application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose information which is known to me to be material to patentability as defined in 37 CFR § 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.							
Application No. Filing Date			• •	Status			
POWER OF ATTORNEY: I hereby appoint the following attorney(s) and/or agent(s) the power to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:							
Name: LOIS A. SANTOPIETRO Registration No.: 36,264							
Send correspondence and direct telephone calls to:			du Pont de Nemours and Company		Tel. No. (302) 892-7752	Tel. No. (302) 892-7752	
LOIS A.	Legal - Patents Wilmington, DE 19898, U.S.A.		Fax No. (302) 892-7949				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine							
or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.							
INVENTOR(S)							
Full Name of Inventor					Middle Name		
	Signature (please sign full name): Wonald Burnis Clary Date: July 6, 2005						
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Additional Inventors are being named on separately numbered sheets attached hereto.							

INVENTOR(S) First Name Full Name Last Name Middle Name SOLOMON L of Inventor **KATRIKH** Signature (please sign full pame): Residence & State or Foreign Country LÓS ANGELES Citizenship Post Office Post Office Address City State or Country Zip Code **Address** LOS ANGELES 90046 8008 WOODLAND LANE Full Name Last Name First Name Middle Name of Inventor Signature (please sign full name): Date: Country of Citizenship Residence & City State or Foreign Country Citizenship **Post Office** Post Office Address City State or Country Zip Code Address **Full Name** Last Name First Name Middle Name of Inventor Signature (please sign full name): Date: Residence & City Country of Citizenship State or Foreign Country Citizenship **Post Office** Post Office Address City State or Country Zip Code Address **Full Name** Last Name First Name Middle Name of Inventor Signature (please sign full name): Date: Residence & State or Foreign Country Country of Citizenship City Citizenship **Post Office** Post Office Address City State or Country Zip Code Address Middle Name Full Name Last Name First Name of Inventor Signature (please sign full name): Date: Residence & City State or Foreign Country Country of Citizenship Citizenship **Post Office** Post Office Address City State or Country Zip Code Address **Full Name** First Name Middle Name Last Name of Inventor Date: Signature (please sign full name): Residence & City State or Foreign Country Country of Citizenship Citizenship **Post Office** Post Office Address City State or Country Zip Code Address

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